

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39681

State File No.

Registrar's No.

10959

FILED JAN 5 1945

Registration District No.

318

Primary Registration District No.

7003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County Madison
(c) City or town Madison
(If outside city or town limits, write "RURAL")
(d) Street No. 1102 Logan
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Barbara Jo Page

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. 12 27 43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
11 26 hr. min.

9. Birthplace Madison Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name Taylor Page

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Waters

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant W. Bernard

(b) Address 509 S. Kingshighway

17. (a) Burial (b) Date thereof DEC 23 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Ill.

18. (a) Signature of funeral director Francis J. Galey

(b) Address Madison Ill.

19. (a) DEC 23 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23
year 44 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from 12-12-44
to 12-23 1944
that I last saw h. her alive on 12-23- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis, Tuberculous Duration 2 weeks

Due to

Due to 1/4

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature R. J. Bettner (M. D. or other)

Address 509 S. Kingshighway Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Francis J. Laley

Licensed Embalmer No. *2792*

P. O. Address *Madison Ill.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.